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ICA Notes Behavioral Health EHR

Continue Photo **Chart Details** **Lazzell, Shanti** **10000107**
Patient's Name **52 Yrs** **Patient's ID**
DOB **11/30/1970** **Patient Reviewed Demographics**

Demographics

Anaphylactic Reaction Reported

Patient Information

*Name (F,M,L,Suffix) **Shanti Lazzell**

Homeless Address **311 Cuprite**

Bad Address Addr 2 / Appt # **PO Box 325**

Sample County **Grant**

Chart City, State, Zip **Silver City NM 88062**

Best Phone Home Phone

Home Cell Phone **(575)654-8890**

Work Work Phone ext

Cell

Patient Status
 Active
 Inactive
 Pending

Email **shantilazzell@gmail.com**

Email 2

Portal

API

Appt Reminders via: Email Text Message Phone Message

Employment Status **Disabled**

School or Employer

Grade

Marital Status **divorced**

Sexual Orientation **Bisexual**

*Ethnicity **Not Hispanic or Latino**

Ethnicity 2

Religion

Annual Household Income **0-24,999**

Family Size **1**

Veteran Y N

*Race **White**

Race 2

*Preferred Language **English**

Disability **Mental Illness**

Insurance Information

*Date of Birth **11/30/1970** Age: **52**

Unique Patient ID **1000010700116**

*Gender **woman**

Refer to patient as **Ms. Lazzell**

SSN # **371-96-2518**

Other Names

Previous Address

Alt. Patient ID

Other Contacts

*Date of Entry **6/25/2019**

*Sex: **F** **Red fields are required**

Extra Privacy MAR API

Patient's Condition

Date Of Current Illness Onset

Date Of Similar Illness

Date of Current Admission: From To

Admitting DX

Dates Unable To Work: From To

Condition Related To Employment? Yes No

Condition Related To Auto Accident? Yes No

Condition Related To Other Accident? Yes No

State Of Accident

In treatment Previously? Y N If yes, where?

Date Of Death Preliminary Cause

Release **A** of Info **Appropriate** **Release of Info on File** Adv. Dir.

Release A of Info (6/25/2019)

Patient Calendar Note **Miscellaneous Notes**

Custom Fields